



ONLINE CLASSES REGISTRATION FORM

The Old Music Hall
106-108 Cowley Road,
Oxford, OX4 1JE
United Kingdom

Tel: +44 (0)1865 403351
Email: info@oxford-school.co.uk
Web: www.oxford-school.co.uk

The following data is necessary to process your application form to study at Oxford ILS.
To find out how we use this information check our Privacy Policy and Terms and Conditions – Live Online Classes (both available on the website)

STUDENT PERSONAL DETAILS										
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other <small>PLEASE SPECIFY</small>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth:		
Family name:					First name:			Nationality:		
Passport number/ID:					Expiry date of passport/ID:			Country of issue:		
Occupation:					First language:			Do you have any learning disabilities?		
STUDENT CONTACT DETAILS					PAYMENT BY					
Street and house number:					<input type="checkbox"/> Direct bank transfer (bank details are on the invoice) <input type="checkbox"/> Sponsor/Company (Please provide details below) Card (4.5% charge applies) <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA					
Town/City with postcode:										
Country:										
Email:										
Telephone no. (with country code):										
COMPANY CONTACT DETAILS <i>(If student is sponsored by his/her employer)</i>										
Company name:					Contact name:					
Street and house number:					Position:					
City/Town with postcode:					Mobile no. (with country code):					
Country:					Email:					
NEXT OF KIN CONTACT DETAILS <i>(In case of an emergency. It should ideally be someone who lives with you.)</i>										
Full name:					Email:					
Street and house number:					Mobile no. (with country code):					
City/Town with postcode:					Relationship to the student:					
Country:					Does the next of kin speak English?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

COURSE DETAILS																							
Please indicate your approximate level of English: <input type="checkbox"/> A0 / Beginner <input type="checkbox"/> B2 / Upper-intermediate <input type="checkbox"/> A1 / Elementary <input type="checkbox"/> C1 / Advanced <input type="checkbox"/> A2 / Pre-intermediate <input type="checkbox"/> C2 / Fluent <input type="checkbox"/> B1 / Intermediate	Course start date: DD/MM/YY <input style="width: 40px; height: 20px;" type="text"/> Course end date: DD/MM/YY <input style="width: 40px; height: 20px;" type="text"/>	Availability: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening </td> <td style="width: 50%; vertical-align: top;"> Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon </td> </tr> <tr> <td style="vertical-align: top;"> Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon </td> <td style="vertical-align: top;"> Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon </td> </tr> <tr> <td colspan="2"> Friday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon </td> </tr> </table>	Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon	Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon	Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon	Friday <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon																
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	<input type="checkbox"/> Trinity GESE																						
Other: _____		Number of hours per week: _____																					

HOW DID YOU HEAR ABOUT OXFORD ILS?

<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	Please provide details (e.g. searching on Google):
<input type="checkbox"/> Agent	<input type="checkbox"/> Publication	
<input type="checkbox"/> Internet	<input type="checkbox"/> Other	

By signing this document I give my permission to Oxford ILS to use the following data:

PLEASE TICK THE BOX IF YOU AGREE

- Comments and questions**
WHAT are you sharing? - We would like to share your online class experience with potential students so they would have a better picture of the School and the classes. We will ask your opinion on how you were satisfied with your experience at Oxford ILS (e. g. your classes, teacher etc.). *We may share your name (not surname), nationality, the programme you attended, and any comments you had.*
- Photographs**
WHAT are you sharing? - We would like to share pictures of you taken while studying with Oxford ILS. *We may share your name (not surname), nationality, the programme you attended, and photos of you.*
- Videos**
WHAT are you sharing? - We would like to share videos of you taken while studying with Oxford ILS. *We may share your name (not surname), nationality, the programme you attended, and a video of you.*
- Results**
WHAT are you sharing? - We would like to share your results, progress of your studies while studying with Oxford ILS. *We may share your name (not surname), nationality, the programme you attended, and the results of your studies.*
- No, I do not want Oxford ILS to use any of my information in the ways described above.*

WHERE is it going to be published? - We might share this on our notice boards in the school, social media pages, on our website, printed publications, advertisements and presentations.

WHY do I need to give permission? – As all the data stated above belongs to you, we need your permission to use your information, video or picture in this way. We will never use your comments and questions, photographs, videos or any results unless you gave us permission for this.

If you change your mind after giving your permission, you just need to make a request via email to info@oxford-school.co.uk and we will ensure that your request is processed.

YOUR CONFIRMATION

By signing this form I agree that:

- 1) I have read and understood the online **Terms and Conditions**. If the applicant is less than 18 years old, a parent or guardian must sign this form. In doing so, the parent/guardian agrees to the Terms and Conditions.
- 2) The information given by me in this enrolment form is accurate and complete.
- 3) I have read and understood the **Privacy Policy** of Oxford ILS. Oxford ILS collects and holds my data for administrative, academic, statutory, support, and health and safety reasons.
- 4) You can send me occasional information about OXF ILS Language courses and services.
 Yes No

Signature of student:		Signature of parent/ guardian:	
Date: DD/MM/YY		Date: DD/MM/YY	

WHAT TO DO NEXT

Email your completed and signed Registration Form to:

info@oxford-school.co.uk

Someone from Oxford ILS team will be in touch with you. If you have any questions, please contact us:

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